

Buck

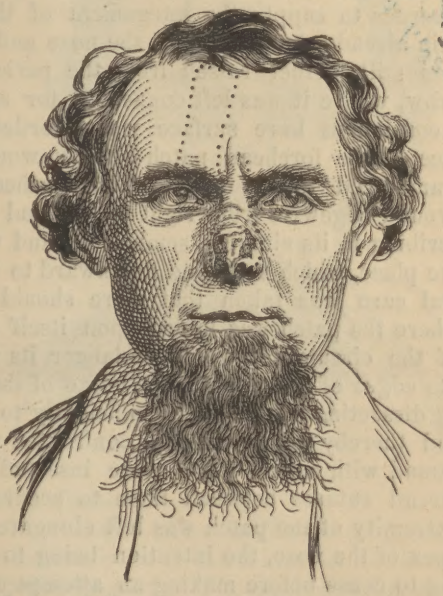
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Compliments of the Author.

A CASE OF RHINOPLASTIC OPERATION, PERFORMED FOR  
THE RESTORATION OF THE APEX OF THE NOSE  
AFTER IT HAD BEEN BITTEN OFF.

By GURDON BUCK, M.D., New York.

W. W. G., aged 35, a resident of New York city, was brutally attacked on the evening of May 12, 1872, and, during the affray, had the apex of his nose bitten off by his assailant. At the first examination, twelve days after the occurrence, the condition of the parts was found to be as follows:—All inflammatory swelling of the nose had subsided. There remained a healthy suppurating surface, and the loss of substance included the integument covering the apex and adjacent ridge of the nose as high up as its middle, and also both sides of the nose as far towards the cheeks as a line passing within half an inch of the junction of the nose with the cheeks. The entire bare surface was equivalent to at least one third of the superficies of the organ. The alæ nasi were disconnected anteriorly, and both had sustained an equal amount of loss of their anterior portion. The columna remained entire, *in situ*, and the denuded ridge of the cartilaginous septum had escaped injury. Fig. 1 shows the condition just described.

FIG. 1.



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*Operation.*—On Saturday, May 25th, an operation was performed at patient's residence, with the aid of Prof. A. C. Post, Drs. T. E. Satterthwaite, J. N. Beekman and N. S. Westcott, as follows: The

patient was under the anæsthetic influence of ether. After paring the anterior edges of what remained of both alæ, and making them straight, an incision was carried upward in continuation of these edges on both sides of the nose to the inner extremities of the eyebrows. The patch of skin included between these incisions was dissected up from the dorsum nasi and from between the eyebrows. A pattern of the shape of the entire denuded surface was cut from oiled silk and laid vertically upon the right half of the forehead, in an inverted position, immediately above the inner half of the eyebrow, with one edge at the terminus of the incision on the right side of the nose. Short pins were then inserted temporarily in the skin, in an erect position, at intervals, around the margin of the pattern, and at a distance of one line from it, to allow for shrinkage. A much larger allowance, however, was made for shrinkage in the length of the patch of skin. The pattern itself was now dispensed with, and an incision, commencing at the inner extremity of the right eyebrow, where it would be continuous with the incision bordering the patch of skin that had been raised from the nose, was carried upward, along the line of the pins, and onward around the entire circumference of the defined patch. The patch of skin thus outlined was itself dissected up from the pericranium and left connected below at the margin of the orbit, where a branch of the ophthalmic artery emerges to supply the integument of the forehead. The patch of skin already detached from the nose and from between the eyebrows was still farther raised from the pericranium toward the left eyebrow, where it was left connected for support. By this procedure, a continuous bare surface was afforded with which the under surface of the forehead patch of skin would be in contact after being transferred to the nose. The forehead patch was now brought around edgewise from right to left and from above downward, describing in its circuit a semi-circle, and was applied to its appropriate place, which extended downward to the apex of the nose. Special care was taken that there should be no strain at its pedicle where the patch was folded upon itself and where any obstruction of the circulation would endanger its vitality. The adjustment of the edges of the patch to the edges of the space was much facilitated by dissecting up the latter sufficiently to permit them to be everted, and thereby more exactly confronted to each other. Pin sutures, wound with cotton yarn, were inserted at selected points, and fine thread sutures between them to secure the adjustment. The free extremity of the patch was left elongated, and extending beyond the apex of the nose, the intention being to allow the process of shrinking to cease before making an attempt at adaptation. The patch of skin displaced from the nose and from between the eyebrows, and still retaining its connection over the left eyebrow, was carried upward and applied to the surface left bare by the forehead patch, and sufficed nearly to fill up the lower half of that space. The remain-



ing upper portion of the space encroached upon the hairy scalp, and was left to heal by granulation. The two patches of skin, in being doubled upon themselves to reach their new destinations, formed at their pedicles prominent folds in the skin of a flattened, conical shape, one situated over each eyebrow. The uncovered, raw surface upon the upper part of the forehead, which measured nearly three inches vertically and one inch and a half transversely, was covered, first, with a layer of dry scraped lint and then with a second layer of lint saturated with collodion, which soon stiffened and formed an artificial scab, adhering closely to the surrounding surface. Wet applications were avoided, and a layer of woven lint, of double thickness, spread with cerate, was secured over the parts. A few ligatures only were required to secure bleeding vessels, and these were brought out to the surface at the nearest point of exit. The operation occupied about two hours, and was well borne by the patient. The anæsthetic acted kindly.

FIG. 2.

May 26th. — Patient has had some sleep. A moderate febrile reaction has taken place. The inflammatory tumefaction is moderate. Changed the cotton yarn on the pins. Milk and ~~water~~ were allowed for nourishment.

27th. — Changed the yarn and commenced removing the alternate thread sutures.

28th. — Removed the pins and additional thread sutures.

29th. — Removed the remaining sutures.

31st. — Suppuration having loosened the collodion scab, it was removed and a healthy granulating surface was exposed, which, thereafter, was dressed with unguentum basilicum and adhesive plaster.

June 1st. — Primary union has taken place at almost all points. Pus escapes freely from underneath both the elevated folds of skin upon the forehead. Appetite is good. The patient sleeps well and goes out of doors.

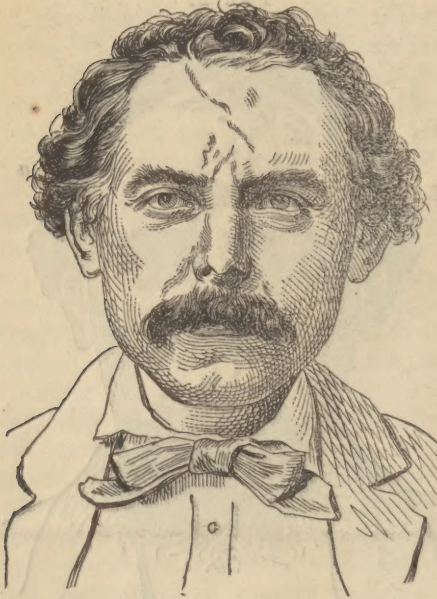
28th. — The granulating surface upon the forehead has steadily diminished in size, and now measures half an inch in width and two inches in length. The result of the operation is shown by Fig. 2. A



second operation was this day performed for the purpose of leveling the prominences—*a* and *b*, Fig. 2—on the forehead, which were situated over the inner half of the eyebrows, and separated from each other by a smooth space nearly an inch in width. They still retained their flattened, conical shape. The operation was as follows:—A curved incision was carried half around the base of each prominence on its broadest side, and the prominence itself raised from its underlying surface, split across, and then unfolded and spread out flat. The redundant portion was then pared away, and the opposite edges matched together and secured by sutures. The redundant extremity of the patch of skin brought down from the forehead and left projecting beyond the apex of the nose, was trimmed away at the proper time, and adapted itself very exactly to its new location.

Fig. 3, showing the final result, is from a photograph, taken Oct.

FIG. 3.



12, 1872. At this time, the following particulars were noticed. The cicatrix on the upper part of the forehead had shrunk to small dimensions, and was easily concealed by the hair. The other cicatrices upon the lower part of the forehead and nose were linear, and but little conspicuous. By daily manipulation of the parts, the skin upon the forehead and nose had become supple and moveable. Sensation, which, for several weeks after the operation, had been referred to the original locality of the part irritated, was at this time referred normally to the actual seat of irritation. The skin covering the lower half

of the nose which had been taken from the hairy scalp, continued to yield its hairy growth, and required to be shaved at short intervals. The patient was, however, waiting a convenient opportunity to have it radically destroyed.